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10/620,904

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Joseph L. Tallal JR.

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EXAMINER

RAPILLO, KRISTINE K

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3626

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/620,904	Applicant(s) TALLAL, JOSEPH L.	
	Examiner KRISTINE K. RAPILLO	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 18 June 2009.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 2-9, 12-16 and 25-28 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 2-9, 12-16 and 25-28 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 10/29/2008 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>5/23/2005</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION***Notice to Applicant***

1. This communication is in response to the amendment filed June 18, 2009. Claims 26 - 28 are amended. Claims 1, 10 - 11, and 17 - 20 were previously cancelled. Claims 2 - 9, 12 - 16, and 21 - 28 are presented for examination.

Double Patenting

2. The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the "right to exclude" granted by a patent and to prevent possible harassment by multiple assignees. A nonstatutory obviousness-type double patenting rejection is appropriate where the conflicting claims are not identical, but at least one examined application claim is not patentably distinct from the reference claim(s) because the examined application claim is either anticipated by, or would have been obvious over, the reference claim(s). See, e.g., *In re Berg*, 140 F.3d 1428, 46 USPQ2d 1226 (Fed. Cir. 1998); *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686 F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) or 1.321(d) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent either is shown to be commonly owned with this application, or claims an invention made as a result of activities undertaken within the scope of a joint research agreement.

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

3. Claims 2 - 7, 12 - 16, 21 - 23, and 26 - 28 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as being unpatentable over claims 2 - 7 and 10 - 21 of copending Application No. 10/620,903 (Tallal). This is a provisional obviousness-type double patenting

Art Unit: 3626

rejection. Although the conflicting claims are not identical, they are not patentably distinct from each other because all the limitations from the claims of U.S. Application No. 10/620,904 are covered in the claims of U.S. Application No. 10/620,903.

4. The table below is a comparison of all obvious-type double patenting claims. The differences between the claims have been bolded and a summary of the rejection is included in the row directly below the affected claims.

Application 10/620,904	Reference: Application 10/620,903 (Amended)
2. The <u>method</u> as recited in claim <u>26</u> , wherein the discount price list is a variable discount price list that tracks a known standard service/good price list.	2. The method as recited in claim 20, wherein the discount price list is a variable discount price list that tracks a known standard pharmaceutical price list.
Regarding claim 2, the standard service price list and the standard pharmaceutical price list serve the same function in that they both track a standard price list, therefore, claim 2 of this application is not patentably distinct from claim 2 of the reference application.	
3. The <u>method</u> as recited in claim <u>26</u> , wherein the membership fee to is paid by the individual.	3. The method as recited in claim 20, wherein the membership fee is paid by the individual
Regarding claim 3, a network provider is providing the same function as a pharmacy benefit manager. Each function assumes the responsibility to oversee a health care plan, in which the network provider and pharmacy benefit manager are the recipients of the membership fees used join the health care plan or pharmaceutical benefit program. Therefore, claim 3 of this application is not patentably distinct from claim 3 of the reference application.	
4. The <u>method</u> as recited in claim <u>26</u> , wherein the membership fee is paid by the individual's employer.	4. The method as recited in claim 20, wherein the membership fee is paid by the individual's employer.
Regarding claim 4: Claim 4 is not patentably distinct from claim 4 of the reference application, therefore, claim 4 is obvious.	
5. The <u>method</u> as recited in claim <u>26</u> , wherein the membership fee is paid by the individual's business.	5. The method as recited in claim 20, wherein the membership fee is paid by the individual's business.
Regarding claim 5: Claim 5 is not patentably distinct from claim 5 of the reference application, therefore, claim 5 is obvious.	
6. The <u>method</u> as recited in claim <u>26</u> , wherein the membership fee is a renewal fee.	6. The method as recited in claim 20, wherein the membership fee is a renewal fee.

Art Unit: 3626

Application 10/620,904	Reference: Application 10/620,903 (Amended)
Regarding claim 6: Claim 6 is not patentably distinct from claim 6 of the reference application, therefore, claim 6 is obvious.	
7. The <u>method</u> as recited in claim <u>26</u> , wherein the member includes his/her family in the health care plan .	7. The method as recited in claim 20, wherein the member includes his/her family in the pharmaceutical benefit program .
Regarding claim 7, a pharmaceutical benefit program is an off-shoot of a health care plan – a health care plan provides for medical services, whereas a pharmaceutical benefit program provides for prescription drug medication (which is generated from a medical service visit). Therefore, claim 7 is obvious.	
12. The <u>method</u> as recited in claim <u>26</u> , wherein the basic listings are provided to medical service/good providers free of charge.	10. The method as recited in claim 20, wherein the basic listings are provided to pharmaceutical companies free of charge.
Regarding claim 12: Claim 12 is not patentably distinct from claim 10 of the reference application, therefore, claim 12 is obvious.	
13. The <u>method</u> as recited in claim <u>26</u> , wherein the premium listings are provided to medical service/good providers upon payment of a premium listing fee.	11. The method as recited in claim 20, wherein the premium listings are provided to pharmaceutical companies upon payment of a premium listing fee.
Regarding claim 13: Claim 13 is not patentably distinct from claim 11 of the reference application, therefore, claim 13 is obvious.	
14. The <u>method</u> as recited in claim <u>26</u> , wherein the premium listings include a link to a customizable web page for the medical service/good providers that is accessible via a global telecommunications network.	12. The method as recited in claim 20, wherein the premium listings include a link to a customizable web page for the pharmaceutical company that is accessible via a global telecommunications network.
Regarding claim 14: Claim 14 is not patentably distinct from claim 12 of the reference application. Claim 14 of the application refers to a web page for a medical service/good provider whereas claim 12 of the reference refers to a web page for a pharmaceutical company. The same system can be used for the pharmaceutical company and medical service/good provider therefore claim 14 is obvious.	
15. The <u>method</u> as recited in claim <u>26</u> , wherein the premium listings include a link to the medical service/good provider's web site.	13. The method as recited in claim 20, wherein the premium listings include a link to the pharmaceutical company's web site.

Application 10/620,904	Reference: Application 10/620,903 (Amended)
Regarding claim 15: Claim 15 is not patentably distinct from claim 13 of the reference application therefore claim 15 is obvious.	
16. The <u>method</u> as recited in claim <u>26</u> , wherein the premium listings are customized for each medical service/good provider .	14. The method as recited in claim 20, wherein the premium listings are customized for each pharmaceutical company .
Regarding claim 16: Claim 16 is not patentably distinct from claim 14 of the reference application therefore claim 16 is obvious.	
21. The <u>method</u> as recited in claim <u>26</u> , further comprising one or more advertisements provided by the network provider to the members.	17. The method as recited in claim 20, further comprising one or more advertisements provided by the pharmacy benefit manager to the members.
Regarding claim 21, a network provider is providing the same function as a pharmacy benefit manager, as per claim 26. Therefore, claim 21 of this application is not patentably distinct from claim 17 of the reference application.	
22. The <u>method</u> as recited in claim 21, wherein an advertiser pays the network provider an advertising fee to provide the advertisements to the members.	18. The method as recited in claim 17, wherein an advertiser pays the pharmacy benefit manager an advertising fee to provide the advertisements to the members.
Regarding claim 22, a network provider is providing the same function as a pharmacy benefit manager, as per claim 26. Therefore, claim 18 of this application is not patentably distinct from claim 22 of the reference application.	
23. The <u>method</u> as recited in claim 21, wherein the advertisement provided to a member is based on one or more search criteria used to search the medical service/good provider listing.	19. The method as recited in claim 18, wherein the advertisement provided to a member is based on one or more search criteria used to search the pharmaceutical listing.
Regarding claim 23: Claim 23 is not patentably distinct from claim 19 of the reference application therefore claim 23 is obvious.	
26. A method for providing a health care plan comprising the steps of:	20. A method for providing a pharmaceutical benefit program comprising the steps of: receiving a membership fee from one or more

Application 10/620,904	Reference: Application 10/620,903 (Amended)
<p>receiving a membership fee from one or more individuals to become members of the health care plan;</p> <p>obtaining information from one or more medical service/good providers that have joined the health care plan;</p> <p>providing a medical service/good provider listing for the medical service/good providers based on the obtained information, wherein the medical service/good provider listing is accessible by the members via a global telecommunications network, comprises basic listings and premium listings for the medical service/good providers, and is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers; and</p> <p>providing a discount price list to the members via the global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by the medical service/good providers for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay the medical service/good providers in-full directly for any services/goods rendered to the members based on the discount price list.</p>	<p>individuals to become members of the pharmaceutical benefit program;</p> <p>obtaining information from one or more pharmaceutical companies that have joined the pharmaceutical benefit program;</p> <p>providing a pharmaceutical listing for the pharmaceuticals based on the obtained information, wherein the pharmaceutical listing is accessible by the members via a global telecommunications network, comprises basic listings and premium listings for the pharmaceutical companies, and is searchable by the members using one or more search criteria comprising a geographic area or a pharmaceutical provided by the pharmaceutical companies; and</p> <p>providing a discount price list listing to the members via the global telecommunications network, wherein the discount price list comprises published rates for the pharmaceuticals provided by the pharmaceutical companies for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of pharmaceuticals provided to the members by a pharmacy benefit manager such that the members pay the pharmacy benefit manager in-full directly for any pharmaceuticals provided to the members based on the discount price list.</p>
<p>Regarding claim 26:</p> <ul style="list-style-type: none"> • A network provider is providing the same function as a pharmacy benefit manager. • The term pharmaceuticals is encompassed by the generic term of services/goods. <p>Therefore, claim 26 of this application is not patentably distinct from claim 20 of the reference application.</p>	
<p>27. A computer program embodied on a computer readable medium executable by a server for providing a health care plan comprising:</p> <p>a code segment for receiving a membership</p>	<p>21. A computer program embodied on a computer readable medium executable by a server for providing a pharmaceutical benefit program comprising:</p> <p>a code segment for receiving a membership fee</p>

Application 10/620,904	Reference: Application 10/620,903 (Amended)
<p>fee from one or more individuals to become members of the health care plan;</p> <p>a code segment for obtaining information from one or more medical service/good providers that have joined the health care plan; and</p> <p>a code segment for providing a medical service/good providers listing for the medical service/good providers based on the obtained information, wherein the medical service/good providers listing is accessible by the members via a global telecommunications network, comprises basic listings and premium listings for the medical service/good providers and is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers; and</p> <p>a code segment for providing a discount price list to the members via the global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by the medical service/good providers for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list ~ regulates the cost of services/goods provided to the members by the medical service/good providers such that the members pay the medical service/good providers in-full directly for any services/goods rendered to the members based on the discount price list.</p>	<p>from one or more individuals to become members of the pharmaceutical benefit program; and</p> <p>a code segment for obtaining information from one or more pharmaceutical companies that have joined the pharmaceutical benefit program;</p> <p>a code segment for providing a pharmaceutical listing for the pharmaceuticals based on the obtained information, wherein the pharmaceutical listing is accessible by the members via a global telecommunications network, comprises basic listings and premium listings for the pharmaceutical companies, and is searchable by the members using one or more search criteria comprising a geographic area or a pharmaceutical provided by the pharmaceutical companies; and</p> <p>a code segment for providing a discount price list to the members via the global telecommunications network, wherein the discount price list comprises published rates for the pharmaceuticals provided by the pharmaceutical companies for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of pharmaceuticals provided to the members by a pharmaceutical benefit program such that the members pay the pharmaceutical benefit program in-full directly for any pharmaceuticals provided to the members based on the discount price list.</p>
<p>Regarding claim 27:</p> <ul style="list-style-type: none"> • A network provider is providing the same function as a pharmacy benefit manager. • The term pharmaceuticals is encompassed by the generic term of services/goods. <p>Therefore, claim 27 of this application is not patentably distinct from claim 21 of application 10/620,903.</p>	
<p>28. An apparatus for providing a health care plan comprising:</p> <p>a server;</p> <p>one or more storage devices communicably</p>	<p>22. An apparatus for providing a pharmaceutical benefit program comprising:</p> <p>a server;</p> <p>one or more storage devices communicably</p>

Art Unit: 3626

Application 10/620,904	Reference: Application 10/620,903 (Amended)
<p>coupled to the server, the one or more data storage devices containing a discount price listing to the members via a global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by the medical service/good providers for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay the medical service/good providers in-full directly for any services/goods rendered to the members based on the discount price list,</p> <p>a communications interface communicably coupled to the server that allows the members to access the discount price list and the medical service/good provider listing, wherein the medical service/good provider listing comprises basic listings and premium listings for the medical service/good providers, and is searchable by the members using one or more search criteria comprising the geographic area or a service/good provided by the medical service/good providers; and wherein the member is an individual that has paid a membership fee to join the health care plan.</p>	<p>coupled to the server, the one or more data storage devices containing a discount price list to the members via a global telecommunications network, wherein the discount price list comprises published rates for the pharmaceuticals provided by the pharmaceutical companies for two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of pharmaceuticals provided to the members by a pharmacy benefit manager such that the members pay the pharmacy benefit manager in-full directly for any pharmaceuticals provided to the members based on the discount price list,</p> <p>a communications interface communicably coupled to the server that allows a member to access the discount price list and a pharmaceutical listing, wherein the pharmaceutical listing comprises basic listings and premium listings for the pharmaceutical companies, and is searchable by the members using one or more search criteria comprising a geographic area or a pharmaceutical provided by the pharmaceutical companies; and</p> <p>wherein the member is an individual that has paid a membership fee to join the pharmaceutical benefit program.</p>
<p>Regarding claim 28:</p> <ul style="list-style-type: none"> • A network provider is providing the same function as a pharmacy benefit manager. • The term pharmaceuticals is encompassed by the generic term of services/good. <p>Therefore, claim 28 of this application is not patentably distinct from claim 22 of application 10/620,903.</p>	

Claim Rejections - 35 USC § 103

5. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the

Art Unit: 3626

invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

6. Claims 2 –9, 12 - 16 and 21 - 27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Care Entrée (<http://web.archive.org/web/20011130030647/http://carentree.com>, 2001) in view of Ferguson et al., hereinafter Ferguson (U.S. Patent Number 5,819,092), in view of Lipton, et al., hereinafter Lipton ("Pharmacy benefit management companies: Dimensions of performance", Annual Review of Public Health. Palo Alto: 1999. Vol. 20, page 361) further in view of Goch ("A New Card Deal." Best's Review. Oldwick: Jul 2002 (vol. 103, Iss. 3; page 73).

In regard to Claim 26 (currently amended): Care Entrée teaches a method for providing a health care plan comprising the steps of: receiving a membership fee from one or more individuals to become members of the health care plan (paragraphs 10 and 12); obtaining information from one or more medical service/good providers that have joined the health care plan (paragraph 41); and, such that the members pay the published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the medical service/good provider at the time the services/goods are rendered to the members by the medical service/provider (paragraph 5) thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party (paragraph 5).

Ferguson teaches a method providing a medical service/good provider listing for the medical service/good providers based on the obtained information (column 14, lines 2 – 6), wherein the medical service/good provider listing is accessible by the members via a global telecommunications network (column 7, lines 37 – 42 and column 14, lines 2 – 6 the Examiner interprets the lookup subservice directory disclosed by Ferguson to be an electronic directory where the person can be equated to a medical provider and a company equated to a hospital); is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers (column 10, lines 25 – 65) where the search criteria can be based on a geographical location as the fields may be chosen by the author/user of the program; and providing a discount price list to the

Art Unit: 3626

members via the global telecommunications network (column 7, lines 37 – 42 and column 14, lines 2 – 6 where Ferguson describes online service), wherein the discount price list comprises published rates for the services/goods provided by each medical service/good provider within two or more geographic areas (column 14, lines 2 - 31 where Ferguson discloses a list which can include a person or company as well as disclosing an example online service which may include a catalog of products (which equates to published rates for services/goods) available electronically); and each member can only access the published rates for the geographic area associated with the member (column 3, lines 41 – 55).

Lipton teaches a method that comprises basic listings and premium listings for the medical service/good providers (paragraphs 7, 41 – 45, and 111), and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider (paragraph 30).

Goch teaches a method where the payment in full directly for any services/goods rendered to the members based on the discount price list (paragraph 20). Goch's article discussed the Care Entrée program and supports the Care Entrée reference used.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method such that the members pay the medical service/good providers in full directly for any services/goods rendered to the members based on the discount price list as taught by Goch, within the method of Care Entrée, Ferguson, and Lipton, with the motivation of ensuring a discounted cost for medical services (paragraph 18).

As per claim 2 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as per claim 26.

Lipton further teaches a method in which the discount price list is a variable discount price list that tracks a known standard service/good price list (paragraph 7). This is accomplished through the use of negotiated discounts with pharmacy networks, as well as controlling the formularies used by the pharmacy benefit manager (i.e. the pharmacy benefit manager chooses which drugs to include in the formulary, thereby lowering the cost of the pharmaceuticals). This same method can be applied to a list of services provided by a medical provider, wherein negotiated discounts are applied to medical

Art Unit: 3626

providers, hospitals, hearing, vision, etc. It can be assumed that lists are required to provide network provider with the recent price list, as well as the discounted price list.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method in which the discount price list is a variable discount price list that tracks a known standard service/good price list as taught by Lipton, within the method of Care Entrée, Ferguson and Goch, with the motivation of managing medical costs and services (Lipton: paragraphs 32 through 34).

As per claim 3 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. Care Entrée further teaches a method wherein the membership fee is paid by the individual (paragraph 10). The Care Entrée program discloses a method in which anyone can pay a certain fee to join a health care plan.

As per claim 4 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method in which the membership fee is paid by the individual's employer (paragraph 67).

As per claim 5 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method in which the membership fee is paid by the individual's business (paragraph 67). The examiner interprets an individual's employer, in this case, to be equivalent to an individual's business. In either case, the individual is provided the opportunity to offer employees (including self) a supplemental health care plan.

As per claim 6 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method wherein the membership fee is a renewal fee (paragraph 6). The examiner interprets the monthly fee to be a renewal fee – the member is paying a renewal fee every month.

As per claim 7 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method wherein the member can include his/her family in the health care plan (paragraph 10). The Care Entrée program allows the entire family (including all dependents recognized by the Internal Revenue Service) to join the health care plan.

As per claim 8 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method wherein the medical service/good providers are selected from the group consisting of physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores, and handicap equipment suppliers (paragraphs 61 – 63). Although physical therapy, cancer treatment centers, and medical, hospital, and handicap supply stores are not specifically taught in the Care Entrée program, these services/providers can be included as ancillary services, as taught by the Care Entrée program (paragraphs 21 – 23).

As per claim 9 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method wherein the medical service/good provider is a doctor that works for a corporation (paragraph 16). The Care Entrée program refers to this as a PHCS (Private Health Care System).

As per claim 12 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method wherein the basic listings are provided to medical service/good providers free of charge (column 13, lines 66 – 67 through column 14, lines 1 – 12). The examiner interprets the look up directory disclosed by Ferguson et al. to include a 'basic' listing – where a name, address and other related information is available.

Art Unit: 3626

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein the basic listings are provided to medical service/good providers free of charge at taught by Ferguson, within the method of Care Entrée, Ferguson, and Lipton, with the motivation of providing a tool to entice a physician or health care provider into purchasing premium listing using a system in which payments are required for premium listings (Ferguson: column 14, lines 13 - 31).

As per claim 13 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method wherein the premium listings are provided to medical service/good providers upon payment of a premium listing fee (column 14, lines 6 – 12 and column 18, lines 33 - 35). The examiner interprets the look up directory disclosed by Ferguson et al. to include a 'premium' listing – where a name, address and a hyperlinked document with other related information is available.

The motivation for combining the teachings of the Care Entrée Program, Ferguson, Lipton, and Goch is discussed in claim 12.

As per claims 14, 15, and 16 (all previously presented) Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method wherein the premium listings include a link to a customizable web page for the medical services/goods provider accessible via a global telecommunications network, wherein the premium listings include a link to the medical service/good provider's web site, and wherein the premium listings are customized for each medical service/good provider (column 14, lines 6 – 19 and column 7, lines 37 - 42). The hyperlinks allow the user to access a site in which qualified users may submit new entries, thereby making it customizable.

Therefore it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method of premium listings hyperlinked to a medical service/good

Art Unit: 3626

providers web page (where the medical service/good provider can be equated to a pharmaceutical company) and is accessible to the global internet as taught by Ferguson with the motivation of allowing a user to create online services using existing information (Ferguson: column 7, lines 1 – 4).

As per claim 21 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method comprising one or more advertisements provided by the network provider to the members (column 14, lines 6 – 12 and column 14, lines 21 – 31). Ferguson discloses a method of online classified advertisements, which are available using hyperlinked documents.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method of placing online advertisements as taught by Ferguson with the motivation of increasing the sales of a medical services/goods provider by use of advertisements in the discount price list provided by the network provider (Ferguson: column 9, lines 54 – 56). An online service can be used as a tool to enable electronic commerce. In this case, the online service would advertise services of medical professionals, hospitals and more.

As per claim 22 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method wherein an advertiser pays the network provider an advertising fee to provide the advertisements to the members (column 18, lines 33 – 35).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method of charging a fee to place advertisements as taught by Ferguson with the motivation of creating an easy to use online service (Ferguson: column 10, lines 25 – 29) which can be used to generate revenue for a network provider by allowing a medical service/good provider to advertise on medical services/goods provider lists.

Art Unit: 3626

As per claim 23 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26.

Ferguson further teaches a method wherein the advertisement provided to a member is based on one or more search criteria used to search the medical service/good provider listing (column 14, lines 6 - 12). Searches can be made in directory look up's using names, categories or full text search techniques.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method of including advertisements when conducting a search of a medical service/good provider listing as taught by Ferguson with the motivation of introducing a revenue generating tool by charging a fee for the online service (Ferguson: column 14, lines 30 – 31).

As per claim 24 (previously presented), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 26. The Care Entrée program further teaches a method wherein the network provider is an insurance provider (paragraph 36). A PPO is defined as a preferred provider organization.

As per claim 25 (currently amended), Care Entrée, Ferguson, Lipton and Goch teach a method as recited in claim 24. The Care Entrée program further teaches a method wherein the insurance provider provides members with major medical insurance in return for payment of one or more major medical premiums (paragraph 5).

In regard to claim 27 (currently amended): Care Entrée teaches a computer program embodied on a computer readable medium executable by a server for providing a health care plan comprising: receiving a membership fee from one or more individuals to become members of the health care plan (paragraph 10); obtaining information from one or more medical service/good providers that have joined the health care plan (paragraph 41); for providing a discount price list to the members via the global telecommunications network (paragraph 41), such that the members pay published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the

Art Unit: 3626

medical service/good provider at the time the services/goods are rendered to the members by the medical service/provider based (paragraph 5) thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party (paragraph 5).

Ferguson teaches a code segment (column 2, lines 39 – 50); a code segment for providing a medical service/good provider listing for the medical service/good providers based on the obtained information (column 14, lines 2 – 6), wherein the medical service/good provider listing is accessible by the members via a global telecommunications network (column 7, lines 37 – 42 and column 14, lines 2 – 6), is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers (column 10, lines 62 – 65); and a code segment wherein the discount price list comprises published rates for the services/goods provided by each medical service/good provider within two or more geographic areas (column 10, lines 62 – 65 and column 14, lines 2 – 31) and each member can only access the published rates for the geographic area associated with the member (column 3, lines 41 – 55).

Lipton teaches a computer program comprising: basic listings and premium listings for the medical service/good providers (paragraphs 7, 41 – 45, and 111), and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider (paragraph 30).

Goch teaches a health care plan comprising such that the members pay the medical service/good provider in-full directly for any services/goods rendered to the members based on the discount price list (Paragraph 20).

The motivation to combine the teachings of Care Entrée, Ferguson, Lipton, and Goch is discussed in the rejection of claim 26 and incorporated herein.

7. Claim 28 is rejected under 35 U.S.C. 103(a) as being unpatentable over Ferguson et al., hereinafter Ferguson (U.S. Patent Number 5,819,092), in view of Care Entrée (<http://web.archive.org/web/200111130030647/http://carentree.com>, 2001) in view of Lipton, et al., hereinafter Lipton (“Pharmacy benefit management companies: Dimensions of performance”, Annual

Art Unit: 3626

Review of Public Health. Palo Alto: 1999. Vol. 20, page 361) further in view of Goch ("A New Card Deal." Best's Review. Oldwick: Jul 2002 (vol. 103, Iss. 3; page 73).

In regard to Claim 28 (currently amended): Ferguson teaches an apparatus for providing a health care plan comprising: a server (column 7, lines 42 – 47); one or more storage devices communicably coupled to the server (column 1, lines 44 – 49 and column 7, lines 41 – 49), the one or more data storage devices (column 1, lines 44 – 49) containing a discount price list to the members via a global telecommunications network (column 7, lines 37 – 42 and column 14, lines 2 – 6; Ferguson fails to explicitly teach a discount price list, however this feature is taught by Care Entrée and is discussed below), wherein the discount price list comprises published rates for the services/goods provided by each medical service/good provider within two or more geographic areas (column 14, lines 21 - 31) and each member can only access the published rates for the geographic area associated with the member (column 3, lines 41 – 55), and a communications interface communicably coupled to the server (column 29, lines 2 – 14); and, is searchable by the members using one or more search criteria comprising the geographic area or a service/good provided by the medical service/good providers (column 10, lines 62 – 65).

Care Entrée teaches an apparatus comprising: a discount price list to the members (paragraph 41); such that the members pay published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the medical service/good provider at the time the services/goods are rendered to the members by the medical service/provider (paragraph 5) thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party (paragraph 5); that allows the members to access the discount price list and the medical service/good provider listing (paragraphs 11 - 13, 36, 38, 41, 86, and 97); and, wherein the member is an individual that has paid a membership fee to join the health care plan (paragraph 10).

Lipton teaches an apparatus where the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider (paragraph 30) and wherein the medical

Art Unit: 3626

service/good provider listing comprises basic listings and premium listings for the medical service/good providers (paragraphs 7, 41 – 45, and 111).

Goch teaches an apparatus comprising such that the members pay the medical service/good provider in-full directly for any services/goods rendered to the members based on the discount price list (Paragraph 20).

The motivation to combine the teachings of Care Entrée, Ferguson, Lipton, and Goch is discussed in the rejection of claim 26 and incorporated herein.

Response to Amendment

8. Applicant's arguments filed June 18, 2009 have been fully considered but they are not persuasive. Applicant's arguments will be address herein below in the order in which they appear in the response filed.

(1) In regard to claims 26 - 28, the Applicants argues that Care Entrée does not disclose, teach or suggest "a discount price list comprises published rates for the services/goods provided by each medical service/good provider within two or more geographic areas and each member can only access the published rates for the geographic area associated with the member". The Examiner respectfully disagrees. Care Entrée discloses an example of pricing for services and states the prices vary from one geographical location to another (paragraphs 47 and 48). The patient uses a directory to find providers within their geographical area (paragraph 41) with the option of finding a provider at different locations based on need, such as travel (paragraphs 25, 26, and 57). Thus, the Applicant's arguments are not persuasive and the rejection is maintained.

(2) The Applicant argues the references do not disclose, teach or suggest "the members pay the published rate on the discount price list for the services/good rendered by the medical service provider in-full directly to the medical service/good provider at the time the services/goods are rendered to the members by the medical service/provider thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party". The Examiner respectfully disagrees. Care Entree discloses a program in which a health care provider receives

Art Unit: 3626

immediate payment for services rendered (paragraph 5), thus it is implied that the provider receives payment at time of service.

(3) The Applicant argues that it would not be obvious to one of ordinary skill in the art at the time the invention was made to provide members with a medical service/good provider listing containing basic and premium listings for the medical service/good providers such that "the discount price list regulates the cost of services/goods provided to the members by the medical services/good provider such that the members pay the published rate on the discount price list for the services/good rendered by the medical service provider in-full directly to the medical service/good provider at the time the services/goods are rendered to the members by the medical service/provider thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party". The Examiner respectfully disagrees.

In response to applicant's argument that there is no teaching or suggestion to combine the references, the examiner recognizes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988) and *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir.1992). In this case, it has been clearly set forth above in the 35 U.S.C. 103(a) rejections of the claims that there is motivation for combining the references (Care Entrée, Ferguson, Lipton, and Goch) and therefore the Office takes the position obviousness has been made.

(4) Claims 2 – 9 and 12 – 16 and 21 – 25 are dependent on claim 26, therefore, the same rationale for rejection is applied.

Conclusion

9. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

Art Unit: 3626

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/C. Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626